



CONTRACT AWARD SHEET
Internal Services Department
Procurement Management Services

Bid No. 3287-0/13
Award Sheet

PURCHASING DIVISION

BID NO.: **3287-0/13**

PREVIOUS BID NO.: **3287-4/08-4**

TITLE: **CONTINUOUS FORMS PRINTING SVCS-PREQUAL.**

CURRENT CONTRACT PERIOD: **03/01/2009** through **02/28/2019**

Total # of OTRs: **0**

MODIFICATION HISTORY

Bid No. 3287-0/13

Award Sheet

DPM Notes

APPLICABLE ORDINANCES

LIVING WAGE: **Yes**

UAP: **Yes**

IG: **Yes**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

Yes Local Preference

No Micro Enterprise

No Full Federal Funding

No Performance Bond

Yes Small Business Enterprise (SBE)

No PTP Funds

No Partial Federal Funding

No Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **LLUIS GORGOY**

PHONE: **305 375-1075**

FAX:

EMAIL: **gorgoyl@miamidade.gov**

DEPARTMENT OF PROCUREMENT MANAGEMENT
PURCHASING DIVISION

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VENDOR NAME: **RR DONNELLEY & SONS CO**
 DBA:
 FEIN: **361004130** SUFFIX : **02** 2829051
 STREET: **P.O. BOX 905151** CITY: **CHARLOTTE** ST: **NC** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
MARK EMBDEN	954-517-5164	-	954-517-0877	MARK.EMBDEN@RRD.COM

VENDOR NAME: **SUNCOAST MARKETING INC**
 DBA:
 FEIN: **591762714** SUFFIX : **01** 33317
 STREET: **6545 NOVA DRIVE STE 211** CITY: **DAVIE** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-393-7273**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
LEW CRAWFORD	954-583-4351	800-393-7273	954-583-8189	LEW@SUNCOASTMARKETING.COM

VENDOR NAME: **BETTER BUSINESS FORMS INC**
 DBA: **BBF INTEGRATED SOLUTIONS**
 FEIN: **592969301** SUFFIX : **03** 33777
 STREET: **10950 BELCHER ROAD S** CITY: **LARGO** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **866-545-8703**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
TONY DILLEY	305-274-6785	866-545-8703	305-273-0876	TONY.DILLEY@BBFIS.COM

VENDOR NAME: **COPY DEPOT INC**
 DBA:
 FEIN: **650123691** SUFFIX : **01** 33016
 STREET: **8325 W 24 AVENUE, STE 2** CITY: **HIALEAH** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **No**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? Yes				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
LEONEL ORTIZ -	305-477-9099	-	305-470-2359	LORTIZ@COPYDEPOTMIAMI.COM

Details: **3287-0/13**

ITEMS AWARDED Section:

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
1	CONTINUOUS FORMS PRINTING SVCS-PREQUAL	1	1753380

End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award: Yes	DPM Award: No
BCC Date: 12/02/2008	DPM Date: 10/02/2008

Contract Amount: \$ **3,486,000.00**

Additional Items Allowed:

Agenda Item No.:

Special Conditions:

BPO INFORMATION Section:

1	ABCW0900501	
	Commodity ID	Commodity Name
	966-12	FORMS, PRINTED (ALL KINDS)
	Department	Department Allocation
	BL	\$7,894.80
	BN	\$18,296.10
	CS	\$1,742.53
	ET	\$3,001,000.00
	FR	\$24,380.00
	LB	\$74,000.00
	PA	\$261,000.00
	PE01****	\$93,809.10
	PE05****	\$3,257.47

End of BPO Information Section